

# Idaho Tobacco Prevention and Control

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Strategic Plan  
2016 - 2020

Prepared on behalf of Project Filter and Stakeholders by:

Monica Revoczi, MA  
Interaction Consulting International, Inc.

**2016**

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IDAHO DEPARTMENT OF HEALTH & WELFARE  
DIVISION OF PUBLIC HEALTH



# **Idaho Tobacco Prevention and Control**

**Strategic Plan 2016 - 2020**



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# Introduction and Background

**A** strategic plan provides a powerful roadmap to align and navigate organizational activities in pursuit of an impactful and inspiring future vision. This report presents the results of the Idaho Tobacco Prevention and Control Program's strategic planning process, and defines its direction for the next five years. At the same time, it is intended to be a living document that will be added to or modified, as needed, throughout implementation. The components of this plan are closely aligned with the Centers for Disease Control and Prevention's (CDC), Best Practices for Comprehensive Tobacco Control Programs.

## Idaho Tobacco Prevention and Control Program

The Idaho Tobacco Prevention and Control Program (Project Filter) is housed within the Bureau of Community and Environmental Health, Division of Public Health, Idaho Department of Health and Welfare. Project Filter receives funding from the CDC to conduct tobacco prevention and control activities in each of the four National Tobacco Control Program (NTCP) Goal Areas throughout the state.

### **NTCP Goal Areas:**

**Goal 1:** Prevent initiation among youth and young adults

**Goal 2:** Eliminate exposure to secondhand smoke

**Goal 3:** Promote quitting among adults and youth

**Goal 4:** Identify and eliminate tobacco-related health disparities among population groups

### **Best Practices for Comprehensive Tobacco Control:**

1. *State and Community Interventions* - Multiple social resources working together will have the greatest long-term population impact.
2. *Mass-Reach Health Communication Interventions* - Media interventions work to prevent smoking initiation, promote cessation, and shape social norms.
3. *Cessation Interventions* - Tobacco use treatment is effective and highly cost-effective.
4. *Surveillance and Evaluation* - Public funded programs should be accountable and demonstrate effectiveness.
5. *Infrastructure, Administration, and Management* - Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.

# Introduction and Background

## National and Idaho Tobacco-Related Facts

**T**obacco use is the single most preventable cause of disease, disability, and death in the United States, resulting in an estimated 480,000 people dying prematurely from smoking or exposure to secondhand smoke (U.S. Department of Health and Human Services, 2014).<sup>1</sup> Smoking kills more people than alcohol, AIDS, car accidents, illegal drugs, murders, and suicides combined. Comprehensive strategies have been identified and proven effective for preventing youth from starting, helping smokers quit, and reducing secondhand smoke exposure, making the fight against tobacco use a winnable battle. High tobacco taxes, smoke-free or tobacco-free policies, well-funded youth prevention programs, and regulation of tobacco products are proven ways to reduce death and disease caused by tobacco use.

Although two-thirds of current Idaho smokers have attempted to quit, an estimated 1,800 Idahoans will die each year from smoking-related diseases.<sup>2,3</sup> One out of eight (12.2%) Idaho high school students smoke cigarettes, or approximately 11,100 students statewide.<sup>4</sup> If current patterns of smoking behavior persist, an estimated 30,200 Idaho youth are projected to die prematurely from smoking.<sup>3</sup>

The economic burden of cigarette use in Idaho remains substantial. Productivity losses due to smoking are estimated at \$358 million annually, while smoking-attributable healthcare costs in Idaho are estimated at \$508 million annually.<sup>3,5</sup> Idaho's Medicaid program covers \$83 million in smoking related healthcare costs.<sup>5</sup> Despite the significant health and economic burden of tobacco use, Idaho's 2014 adult smoking rate (15.9%) remains below the national median of 19.6%.<sup>2</sup>

Electronic Nicotine Delivery Systems (ENDS), commonly referred to as e-cigarettes, have experienced wide proliferation in recent years. An estimated 6.1% of Idaho adults, or approximately 65,000 individuals, currently use ENDS.<sup>2</sup> While the use of e-cigarettes is commonly reported as a mechanism to cut down or quit smoking, ENDS are not an evidence-based strategy for tobacco cessation. The prevalence of e-cigarettes use is highest among youth, with 1 out of every 4 high school students currently using e-cigarettes on one or more of the past 30 days.<sup>4</sup> ENDS are currently unregulated as a tobacco product by the FDA, leading to unabated advertising and promotion of these products. This may account for 45.2% of Idaho high school students who have tried an ENDS product.<sup>4</sup>

# Methodology

**P**roject Filter utilized a highly participative and data-informed process to develop the five-year strategic plan to chart its future. Prior to beginning the planning process, a comprehensive statewide survey was distributed to stakeholders to gather key information about current activities, challenges, needs, and desired future statewide priorities. Members of the Tobacco Free Idaho Alliance (TFIA) were then invited to participate in a strategic planning retreat. In advance of the retreat, participants were provided data and other information to review to inform the planning process.

Project Filter staff and TFIA members convened for the two-day strategic planning retreat in October 2015 (a list of participants is included on page 14). First, the group developed the five-year vision to capture the ideal future impact of tobacco prevention and control program in Idaho. A comprehensive list of stakeholders was then generated, capturing all those who are impacted and/or are affected by the work of the tobacco prevention and control and its partners statewide. This helped ensure a highly inclusive perspective throughout the planning process.

Next, the group conducted a comprehensive environmental assessment: an analysis of all factors that have the potential to either help or hinder achievement of the vision. The sources of data noted previously were incorporated into this part of the process. The results of the environmental assessment were synthesized into critical success factors, identifying the most significant areas of focus to cultivate future success. Objectives were developed to address each of the critical success factors, and aligned with the four NTCP goal areas. Strategies were created to define how each objective would be attained. Performance measures were discussed to ensure the ability to measure progress and success.

# Strategic Plan Elements

## Vision for 2020

**T**he vision describes an organization's desired future state. It is the guiding force that inspires internal and external stakeholders to be involved with the organization, and provides a point of alignment for all organizational activities. The five-year vision for tobacco prevention and control in Idaho is:

“Improve quality of life for people in Idaho by eliminating risks associated with tobacco use and exposure.”

## Goal Areas, Objectives, and Strategies

The following section contains the objectives and corresponding strategies of the 2015 - 2020 Idaho Tobacco Prevention and Control Strategic Plan. They are organized by the four NTCP goal areas described previously. An additional goal area, “Sustainability,” was identified as critical to success, and thereby added as Goal Area 5.

**Objectives** articulate the outcomes the organization will achieve in order to reach its vision.

**Strategies** define how the goals will be achieved. Performance measures will be aligned with each of the strategic objectives to enable systematic evaluation of outcomes and related progress.

“The greater danger for most of us lies not in setting our aim too high and falling short, but in setting our aim too low and achieving our mark.”

-Michelangelo



# Strategic Plan Elements

## GOAL AREA 1: Prevent initiation among youth and young adults

### Objective 1:

By December 2020, decrease early initiation of tobacco among youth to 4.3%.\*

#### STRATEGIES:

1. Educate and partner with organizations that have access to youth.
2. Identify best/promising practices for preventing initiation, and promote and support their implementation (e.g., counter-marketing, youth advocacy).
3. Monitor trend of raising minimum tobacco purchase age to 21 years and determine whether to pursue in Idaho.
4. Strengthen tobacco compliance checks.
5. Assess school tobacco use policies and provide technical assistance to strengthen existing policies and consequences, as needed.
6. Assess current law enforcement practices and determine opportunities to strengthen and enhance consistency.

**8%**

of Idaho high school students currently use smokeless tobacco.<sup>4</sup>

**10%**

of current Idaho high school students currently smoke cigarettes.<sup>4</sup>

**31%**

of Idaho high school students have tried cigarettes.<sup>4</sup>

\* Aligns with Healthy People 2020 goal.

# Strategic Plan Elements

## GOAL AREA 2: Eliminate exposure to secondhand smoke

### Objective 1:

By December 2020, seven new municipalities will have adopted a comprehensive clean indoor air ordinance.

### STRATEGIES:

1. Identify communities' readiness and health status.
2. Prioritize communities in which to work toward comprehensive clean indoor air policies.
3. Identify and convene community partners.
4. Develop and implement an education plan targeting key community stakeholders.
5. Highlight Idaho examples/successes.
6. Develop a media plan to support local initiatives.

**3**

**Number of smoke-free cities in Idaho.**

**34**

**Number of smoke-free city parks in Idaho.**

**7**

**Number of smoke-free Colleges/  
Universities in Idaho.**

# Strategic Plan Elements

## Objective 2:

By December 2020, decrease the proportion of adults exposed to secondhand smoke (SHS) by 5%, from 42.1% to 37.1%.<sup>6</sup>

### STRATEGIES:

1. Develop and implement mass media messaging around secondhand smoke exposure.
2. Educate and provide resources/materials to healthcare providers to inform adults/parents about the dangers of secondhand and thirdhand smoke.
3. Work with individual entities on policy development and ordinances (For example: housing, parks, cars, businesses, doorways).

**28%**

of Idaho adult nonsmokers are exposed to SHS in public places, other than their worksite.<sup>7</sup>

**19%**

of Idaho adult nonsmokers are exposed to SHS at work.<sup>7</sup>

**7%**

of Idaho adult nonsmokers are exposed to SHS in their vehicle.<sup>7</sup>

# Strategic Plan Elements

## GOAL AREA 3: Promote quitting among adults and youth

### Objective 1:

By December 2020, reduce the proportion of Idaho adults who are current smokers to 12.0% and the proportion of Idaho adults who are current smokeless tobacco users to 0.3%.

#### STRATEGIES:

1. Ensure an adequate number of well-trained cessation instructors.
2. Partner with worksites/employers to provide effective cessation resources.
  - Include communication of benefits to employees.
  - Clarify insurance coverage requirements under the Affordable Care Act (ACA) and communicate to appropriate stakeholders.
3. Implement mass media campaign to promote cessation resources using:
  - Traditional media
  - Social media
  - Counter-marketing
4. Increase provider referrals to tobacco cessation and sustain effective referral systems.

**48%**

of Idaho high school smokers tried to quit smoking in the past 12 months.<sup>4</sup>

**16%**

of Idaho adults are current smokers.<sup>2</sup>

**5%**

of Idaho adults use smokeless tobacco products<sup>2</sup>

# Strategic Plan Elements

## Objective 2:

By December 2020, increase the proportion of youth and adult smokers making quit attempts by 10%.

### STRATEGIES:

1. Ensure an adequate number of well-trained youth cessation instructors.
2. Implement mass media campaign to promote cessation resources using:
  - Traditional media
  - Social media
  - Counter-marketing
3. Increase provider referrals to tobacco cessation and sustain effective referral systems.
4. Partner with schools and youth organizations to provide effective cessation resources and referrals.

**34%**

of Idaho schools  
provide tobacco  
cessation services to  
students.<sup>4</sup>

**135%**

increase in referrals  
to the Idaho QuitLine by  
healthcare providers  
from FY12 to FY15

**69%**

of current Idaho  
adult smokers have tried  
to quit smoking in the  
past 12 months.<sup>2</sup>

# Strategic Plan Elements

## Objective 3:

By December 2020, reduce the proportion of youth who are current cigarette and smokeless tobacco users by 3%.

### STRATEGIES:

1. Ensure an adequate number of well-trained youth cessation instructors.
2. Implement mass media campaign to promote cessation resources using:
  - Traditional media
  - Social media
  - Counter-marketing
3. Increase provider referrals to tobacco cessation and sustain effective referral systems.
4. Partner with schools and youth organizations to provide effective cessation resources and referrals.

**6%**

of Idaho high school students smoked a whole cigarette before age 13.<sup>4</sup>

**12%**

of underage Idaho high school students purchased their own cigarettes from a store or gas station.<sup>4</sup>

**31%**

of Idaho high school students have ever tried cigarette smoking, even one or two puffs.<sup>4</sup>

# Strategic Plan Elements

## GOAL AREA 4: Identity and eliminate tobacco-related health disparities among population groups

### Objective 1:

By December 2020, reduce the proportion of smokers among populations experiencing tobacco-related disparities by 5% per group.

#### STRATEGIES:

1. Ensure media messaging resonates with intended target groups.
2. Ensure all target groups are effectively addressed in all Goal Areas.
  - Involve members in development
  - Provide cultural competency training
  - Provide culturally relevant prevention education
3. Identify myths/misinformation specific to target groups and ensure these are effectively addressed in all Goal Areas.
  - Review 2015 focus group results
  - Include confidentiality statement around gathering/use of personal information
4. Ensure that programming addressing disparate populations is identified and funded.

**23%**

of Idaho Medicaid  
Enrollees currently  
smoke cigarettes.<sup>2</sup>

**37%**

of Idaho American  
Indian/ Alaska Native  
currently smoke  
cigarettes.<sup>2</sup>

**42%**

of Idaho LGBT  
population currently  
smoke cigarettes.<sup>2</sup>

# Strategic Plan Elements

## GOAL AREA 5: Sustainability\*

### Objective 1:

By June 2020, tobacco tax funds will help achieve the recommended CDC funding levels for tobacco prevention and control<sup>1\*\*</sup>

#### STRATEGIES:

1. Participate in conversations with partners about how tobacco tax initiatives can support tobacco prevention and control.
2. Increase awareness of the impact that tobacco tax increase has on the prevention of tobacco use.
3. Educate policy makers on the recommended CDC funding levels.
4. Collaborate with Tribal Councils to coordinate efforts to support a simultaneous tobacco tax increase, if appropriate.

### Objective 2:

Annually, 75% of the Millennium Fund will be utilized for tobacco prevention and control.

#### STRATEGIES:

1. Assess current funding patterns to identify opportunities to increase funding requests.
2. Reach out to current and potential partners statewide to educate and encourage applying for all available Millennium Funds.
3. Educate Millennium Fund members to understand comprehensive tobacco prevention and control and best practices.
4. Collaborate with partners to coordinate efforts and maximize impact of Millennium Fund presentations and funding.

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<sup>\*</sup>While the objectives identified under this goal area represent the primary focus, Project Filter will continue to assist partners in identifying additional funding opportunities.

<sup>\*\*</sup>These funds will support the activities of goal areas 1 – 4.



# References

1. U.S. Department of Health and Human Services. The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General, 2014. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health, 2014.
2. Idaho Behavioral Risk Factors: Results from the 2014 Behavioral Risk Factor Surveillance System. Boise, ID: Idaho Department of Health and Welfare, Division of Public Health, Bureau of Vital Records and Health Statistics, 2015.
3. Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs – 2014. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health, 2014.
4. Idaho State Department of Education: Results of the 2015 Idaho Youth Risk Behavior Survey. Boise, ID: Idaho State Department of Education, 2015.
5. Campaign for Tobacco-Free Kids. (2014). The toll of tobacco in Idaho. [Fact Sheet].
6. 2010 Idaho Tobacco Survey.
7. 2015 Idaho Adult Tobacco Survey.
8. Idaho Behavioral Risk Factors: Results from the 2013 Behavioral Risk Factor Surveillance System. Boise, ID: Idaho Department of Health and Welfare, Division of Public Health, Bureau of Vital Records and Health Statistics, 2014.

# Participants

American Cancer Society – Cancer Action Network

American Heart Association

American Lung Association

Boise State University

Bureau of Community and Environmental Health, Idaho Department of Health and Welfare

Coeur d' Alene Tribe

Idaho Academy of Family Physicians

Idaho Commission on Hispanic Affairs

Idaho Department of Education

Idaho State University

Local Public Health Districts

Nez Perce Tribe

Project Filter, Idaho Department of Health and Welfare, Division of Public Health

Shoshone-Bannock Tribe

St. Luke's Regional Medical Center





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